

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1						51					
2		1						52					
3		1						53					
4	1							54					
5	1							55					
6		1						56					
7		1						57					
8	1							58					
9	1							59					
10		1						60					
11		1						61					
12								62					
13								63					
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43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	1	↓		↓		↓		TOTAL IND.	↓		↓		↓
TOTAL DEP.	10	←		←		←		TOTAL DEP.	←		←		←
TOTAL CLAIMS	11							TOTAL CLAIMS					

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